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**** CONTINUING DATA ******* *None 0.0*

**** FOREIGN APPLICATIONS ******* *Yes 0.0*
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IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>0.0</i> Examiner's Signature Initials	STATE OR COUNTRY SWITZERLAND	SHEETS DRAWING 1	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 2
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ADDRESS
27123

TITLE
Net asset value estimation

FILING FEE RECEIVED 906	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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